Revision: HCFA-PM-91- 4 (BPD) Supplement 1 to ATTACHMENT 4.19-B AUGUST 1991 Page 1 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Kentucky State/Territory: METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE Payment of Medicare Part A and Part B Deductible/Coinsurance Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment: 1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP". For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ____ of this attachment (see 3. below). 2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR." 3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ___ of this attachment, for those groups and payments listed below and designated with the letters "NR". 4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item ___ of this attachment (see

TN No. 92-1 Supersedes TN No. None	Approval	Date NOV 1 4 1994	Effective Date	1-1-92
			HCFA ID: 7982E	

Revision: HCFA-PM-91-4 Supplement 1 to ATTACHMENT 4.19-B (BPD) AUGUST 1991 Page 2 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: ____ Kentucky METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE Payment of Medicare Part A and Part B Deductible/Coinsurance Part A MR Deductibles MR Coinsurance QMBs: Part B $\underline{\hspace{0.1cm}}^{MR}$ Deductibles $\underline{\hspace{0.1cm}}^{MR}$ Coinsurance Part A MR Deductibles MR Coinsurance Other Medicaid Part B MR Deductibles MR Coinsurance Recipients Part A MR Deductibles MR Coinsurance Dual Eligible Part B MR Deductibles MR Coinsurance (QMB Plus)

TN No. 92-1
Supersedes Approval Date NOV 14 1994
Effective Date 1-1-92
TN No. None

HCFA ID: 7982E

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	Supplement 1 to ATTACHMENT 4.19-B Page 3 OMB No.: 0938-	
	STATE PLAN UNDER	TITLE XIX OF	THE SOCIAL SECURITY ACT	
State/Territory: Kentucky				
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE				
Payment of Medicare Part A and Part B Deductible/Coinsurance				

Not applicable

TN No. 92-1
Supersedes Approval Date NOV 14 1994
TN No. None HCFA ID: 7982E

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